



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186



PRR-19-00147 821911561
 040168401-1

Received By: J. Hudson

Referred To: Comm Development

Date Referred: 10/15/10

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney-client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print) ERIC HOBBS LEXISNEXIS CLAIMS SOLUTIONS INC.		Email: cru.incoming@lexisnexisrisk.com
Address: P.O.BOX 740167		Phone: (678)924-4900 FAX (678)924-4901
City: ATLANTA, GA 30374-0167		Fax:

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) Submit all requests to the City Clerk's Office.

Fire Building 6/13/19
 820 THE STRAND
 PUI YU
 PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. Accepted method of payment: Cash or check. Credit card accepted in person only.

Eric Hobbs 10/7/19
 Signature Date

For Departmental Use Only:

Action Requested:	Action Taken:	By	Date
<u>Review Only</u>	<u>Document Reviewed</u>		
<u>Copies Requested</u>	<u>Copies Provided</u>		<u>Non-Existent Document</u>
	<u>Refusal/Reason</u>		<u>Other (Please Explain)</u>

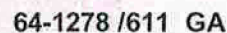
For City Clerk's Use Only:

Date Requestor Notified Notified By: Date Picked Up or Mailed



P.O.BOX 740167
ATLANTA, GA 30374-0167
(678)924-4900 FAX (678)924-4901

Bank of America.



5.879

DATE 10/7/19

821911561

THIS IS A REQUEST FOR A REPORT

PAY TO THE ORDER OF HERMOSA BEACH FIRE DEPT.
ATTN:RECORDS DEPT.
540 PIER AVENUE
HERMOSA BEACH,CA 90254

VOID

AUTHORIZED SIGNATURE

11 8 2 1 9 1 1 5 6 1 11

[illegible]

TRAN: 821911561

REPORT REQUEST

**PLEASE CHECK A
CIRCLE BELOW**

10/7/19

☐ Report Attached:

Report Cost: \$

Number of Pages:
(including this sheet)

 No Report Found with the information provided

☐ No Report Written - Log entry only / Driver Exchange of Info.

☐ Loss location not in our Jurisdiction

Suggest You Try:

☐ Not Releasable / Not Ready

Comments & Suggestions:

LOCATION OF LOSS

820 THE STRAND

City HERMOSA BEACH County LOS ANGELES State CA

Additional Information PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party PUI W YU

Make _____ Year _____ D.O.B. _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

HERMOSA BEACH FD

5.879

Client	5795
Division	039S

Claim # 040168401-1
Internal Codes

Claims Adjuster

N0185665

TRAN: 821911561

Page 1 of 1

DR

Police Dept.: Please Return This Form With Your Response... Thanks

(Rev. 3/19)

HB AD0000923



821911561
5.879

P.O.BOX 740167
ATLANTA,GA 30374-0167
(678)924-4900 FAX (678)924-4901

PAY

**REQUEST COPY
ONLY**

Attention Records Dept.:
Please help us by returning our Control Copy with the report. Thank you.

TO THE
ORDER
OF

COPY

DATE

AMOUNT

****VOID**VOID**VOID****
****VOID**VOID**VOID****
****VOID**VOID**VOID****

AUTHORIZED SIGNATURE



10/7/19

OUR NUMBER 821911561

REPORT REQUEST



**POLICE RECORDS
PLEASE RESPOND HERE**



P.O.BOX 740167
ATLANTA,GA 30374-0167
(678)924-4900 FAX (678)924-4901

☐ Report Attached

Report Cost \$

Number of Pages
(including this sheet)

LIBERTY MUTUAL FTP

TOLL FREE FAX: 1/800-934-6449

☐ Unable to Locate Report with info provided

☐ Loss location not in our Jurisdiction
Suggest You Try _____

☐ No Report Written - Log entry only

☒ Not Releasable / Not Ready _____

☐ Comments & Suggestions _____

Report/Case # _____

Type of Report Fire Building

Date of Occurrence 6/13/19 Time 12:00 AM

Precinct or District _____

LOCATION OF LOSS 820 THE STRAND

City HERMOSA BEACH County LOS ANGELES State CA

Additional Information PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party PUI W YU

Make _____ Year _____ DOB _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?
HERMOSA BEACH FD

Driver #2 _____

Driver #3 _____

LexisNexis Client ID 5795
Division 039S

Claim # 040168401-1
Internal Codes

Claims Adjuster

N0185665



TRAN: 821911561

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/

HB_AD0000924